



STATE OF MISSOURI  
DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
205 JEFFERSON STREET, P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102

## EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)

### FORM 1.0P COMPANY INFORMATION - PORTABLE EQUIPMENT

#### SHADED AREAS FOR OFFICE USE ONLY

PARENT COMPANY NAME		FIPS COUNTY NO.	PLANT NO.	YEAR OF DATA
MAILING ADDRESS		PHONE NUMBER	REGION	CLASSIFICATION PERMITS ENFORCEMENT
CITY	ZIP CODE	PRODUCT/PRINCIPAL ACTIVITY		
CONTACT PERSON		TITLE		

TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)							
PM10	SOx	NOx	VOC	CO	LEAD	HAPs	

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE PERSONALLY EXAMINED AND ARE FAMILIAR WITH THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND FURTHER CERTIFIES THAT THEY BELIEVE THIS INFORMATION AND STATEMENTS TO BE TRUE, ACCURATE AND COMPLETE. THE UNDERSIGNED CERTIFIES THAT KNOWINGLY MAKING A FALSE STATEMENT OR MISREPRESENTING THE FACTS PRESENTED IN THIS DOCUMENT IS A VIOLATION OF STATE LAW.

PRINT NAME OF PERSON COMPLETING FORM	TITLE	OFFICE USE ONLY	
SIGNATURE	DATE	CHECK NUMBER	DATE RECEIVED
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE	TITLE	CHECK AMOUNT	CHECK DATE
SIGNATURE	DATE	LOGGED IN BY	CLASSIFICATION

## INSTRUCTIONS

### FORM 1.0P COMPANY INFORMATION - PORTABLE EQUIPMENT

This is a **REQUIRED** form for all portable facilities. Equipment is considered portable only if it has been moved from one site to another site within two years.

**Parent Company Name:** Enter the official name of the parent company owning the equipment. If your official company name has changed in the calendar year of record, please enter the new name in the box. This official parent company name must be entered on every form submitted.

**Parent Company Mailing Address, City and ZIP Code:** Enter the mailing address of the parent company owning the equipment.

**Parent Company Contact Person:** The contact person is the person most familiar with the operations of the equipment and who can answer any questions about the equipment. Also, list the title of the contact person.

**FIPS County Number, County No., Plant No.:** These are numbers assigned by the Air Pollution Control Program to specific equipment or to a group of equipment; they are not site identification numbers. The "777" following "FIPS" and the "7777" following "CNTY" represent portable equipment. The four-digit number following "PLNT" (e.g., "1234") represents the portable equipment number assigned to the equipment being reported when permitted. These numbers should be preprinted on the forms.

**Year of Data:** This is the calendar year of record. This is the period in which the air pollutants were emitted. The calendar year of record may already be entered on the forms; however, if it is not, then the year must be entered on every form submitted.

**Parent Company Phone Number:** The parent company phone number is the telephone number where we can reach the contact person.

**Classification:** Leave this section blank. The Air Pollution Control Program staff will assign classifications after reviewing your submittal.

**Product/Principal Activity:** Enter the general product manufactured or the principal activity performed by the portable equipment reported on this EIQ.

**Total Plant Emissions:** After the actual air emissions are totaled for each pollutant in Block 2 on Form 3.0, Emissions Fee Calculation, round the figures to the nearest ton and transfer the appropriate figures for each pollutant to this block.

**Certification:** The last two lines on the page are to be completed by the person completing the form and by an authorized company representative. Include their titles in the blocks also. **Both signature blocks must be signed;** unsigned EIQs will NOT be accepted.

**Check Amount, Check Number, Check Date:** Fill in your company's check information.